

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04383

4392 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Cabret</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Md</i> b. COUNTY <i>Cabret</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>	c. LENGTH OF STAY IN 1b <i>2 yrs</i>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Cabret Co. Nursing Home</i>	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>Matthew</i>	Fist <i>M</i>	Middle <i>Coughlan</i>	4. DATE OF DEATH <i>Apr. 29, 1958</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DAY OF BIRTH <i>Aug 6, 1868</i>
9. AGE (In years lost birthday) <i>89 yrs.</i>		10. IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Fire Chief</i>	10c. BIRTHPLACE (State or foreign country) <i>Ireland</i>
11. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		12. MOTHER'S Maiden NAME <i>Helen Carroll</i>	
13. FATHER'S NAME <i>Matthew Coughlan</i>		14. MOTHER'S Maiden NAME <i>Helen Carroll</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>?</i>		16. SOCIAL SECURITY NO. <i>220-16-911</i>	17. INFORMANT <i>Hospital Record, Prince Frederick, Md.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs</i>	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>197X</i>		DUE TO <i>Carcinoma of Prostate</i>	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i></i>		DUE TO (c) <i></i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>19</i> p. m. <i></i>		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) <i>Prince Frederick</i> (State) <i>Md</i>
21. I certify that I attended the deceased from <i>Apr. 28, 1958</i> to <i>Apr. 28, 1958</i> , that I last saw the deceased alive on <i>Apr. 28, 1958</i> , and that death occurred at <i>3:30 PM</i> , from the causes and on the date stated above.		ADDRESS (Street, city or town, state) <i>Merle L. Gibson Jr. M.D. Prince Frederick, Md.</i>	
ACTUAL SIGNATURE <i>Merle L. Gibson Jr.</i>		DATE SIGNED <i>4/29/58</i>	
PHYSICIAN'S NAME (Type) <i>MERLE L. GIBSON JR.</i>			
22a. BURIAL, CREMATION, ETC. DATE THEREOF REMOVAL (Specify) <i>Burial May 1, 1958</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>St. Paul's Cem.</i>	22d. LOCATION (City, town, or county) (State) <i>Prince Frederick, Md.</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>A. O. Hackney & Son - Mutual Red</i>		24a. REC'D BY REGISTRAR DATE <i>MAY 5 '58</i>	24b. REGISTRAR'S SIGNATURE <i>Alt. Search</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by me, please remove carbon papers. Pages 1 and 2 will be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04384

CERTIFICATE OF DEATH

4393

Reg. Dist. No. 51

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10W

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED					
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	Calvert Maryland Prince Frederick	STATE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	Maryland COUNTY Prince Frederick, Maryland				
LENGTH OF STAY (In this place)		STREET ADDRESS	(If rural give location)				
HOSPITAL OR INSTITUTION OR STREET ADDRESS	1 Maryland.	1					
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH					
(First)	(Middle)	(Month)	(Day)				
Fe. 201	Eliza Elizabeth	4	27				
		(Year)	1958				
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
Fe.	Col	Married	4/15/1909	49 yrs.	House wife		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
John Blake Chew		Mary Drusella Reynolds					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
No		418-16-2070		Prince Mrs. Mary Gant - Frederick, Md			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
170X IMMEDIATE CAUSE (A) <u>Carcinomatous</u>							
ANTECEDENT CAUSE(S) DUE TO (B) <u>Ca of Breast</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County)	(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
M.							
22. I hereby certify that I attended the deceased from <u>4/20</u>, 19<u>58</u>, to <u>4/21</u>, 19<u>58</u>, that I last saw the deceased alive on <u>4/27</u>, 19<u>58</u>, and that death occurred at <u>3:30</u> P.M. from the causes and on the date stated above.							
SIGNATURE <u>Rewileanah M.D.</u> ADDRESS (Street, city, town, state) <u>St. Francis</u> DATE SIGNED <u>4/28/58</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	NAME OF CEMETERY OR CHAMBERS		LOCATION (City, town, or county)		
Burial		5/3/58	Bible-Way Church		Prince Frederick, Md.		
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			ADDRESS
DATE 4-30-58		Selig H. Katz		Leroy Perry Huntington, Md.			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4394 CERTIFICATE OF DEATH

04385

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Calvert		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Calvert	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN lb 2 WEEKS 2 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Huntingtown			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First EDDIE	Middle Patricia	Last A.	4. DATE OF DEATH	Month April	Day 5	Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH 4/15/80	9. AGE (in years last birthday) 77 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY FARM OWNER		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Samuel T. Gibson				14. MOTHER'S MAIDEN NAME Jennie Sidenstricker			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address Mrs. LEWIS WELLS - HUNTINGTOWN, MD.	
No		59-753-008					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia				INTERVAL BETWEEN ONSET AND DEATH 11 days			
177X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Ca of prostate							
DUE TO 1978							
(c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour o. m. p. m. 19		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ST. LEONARD		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 3/25 , 19 57 , to 4/5 , 19 58 , that I last saw the deceased alive on April 5 , 19 58 , and that death occurred at M. , from the causes and on the date stated above. ADDRESS (Street, city or town, state) ST. LEONARD							
ACTUAL SIGNATURE R. De Vilcharet		M.D.		DATE SIGNED 4/6/			
PHYSICIAN'S NAME (Type) R. De Vilcharet							
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF APR. 8, 1958		22c. NAME OF CEMETERY OR CREMATORIUM MIRANDA CEMETERY		22d. LOCATION (City, town, or county) HUNTINGTOWN	
23. FUNERAL DIRECTOR'S SIGNATURE O. A. HARKNESS & SON - MUTUAL, MD.		ADDRESS 15M 9/55		24a. REC'D BY REGISTRAR APR 10 '58		24b. REGISTRAR'S SIGNATURE DeLoach	

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FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4395 CERTIFICATE OF DEATH

04386

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Cabret		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bowens		c. LENGTH OF STAY IN lb Life	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. STREET ADDRESS Bowens	
3. NAME OF DECEASED (Type or print) Abram Henry Hooper		4. DATE OF DEATH April 6	Month Day Year
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 15, 1883
9. AGE (in years, months, days)		10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Diver		10b. KIND OF BUSINESS OR INDUSTRY Farming	
10c. BIRTHPLACE (State or foreign country) Bowens - Calvert Co., Md.		11. CITIZEN OF WHAT COUNTRY? N.C.	
13. FATHER'S NAME Alexander Hooper		14. MOTHER'S MAIDEN NAME Mary F. Buckmaster	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 220-16-9124	
17. INFORMANT Mrs. Elsie Evans - Bowens, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 157X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) Carcinoma of Pancreas		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour o. m. 19 p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>Oct</u> , 1957, to <u>4-6</u> , 1958, that I last saw the deceased alive on <u>4-6</u> , 1958, and that death occurred at <u>11 p.m.</u> from the causes and on the date stated above. ACTUAL SIGNATURE <u>PAGE C. JETT</u> PHYSICIAN'S NAME (Type) <u>PAGE C. JETT</u>		ADDRESS (Street, city or town, state) <u>Prince Frederick</u> DATE SIGNED <u>4-9-58</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>April 9, 1958</u>	22c. NAME OF CEMETERY OR CREMATORIAL <u>Calvary Cemetery</u>	22d. LOCATION (City, town, or county) <u>Berstow - Calvert Co - Md.</u> (State)
23. FUNERAL DIRECTOR'S SIGNATURE <u>O. O. Harkness & Son - Mutual, Md.</u>		24. REC'D BY REGISTRAR <u>APR 10 '58</u>	25. REGISTRAR'S SIGNATURE <u>John Smith</u>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

STATE OF CALIFORNIA - DIVISION OF
RECEIPTS AND PAYMENTS

CERTIFICATE OF DEATH

BURLAU V. S.

APR 10 1968

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 4 Form G228 4/30/58 mb

04387

4396

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Md.</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Calvert</i>	c. LENGTH OF STAY IN 1b <i>1 week</i>	b. COUNTY <i>Calvert</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>N/A</i>	d. STREET ADDRESS <i>100 Beach Ave</i>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural Ness</i>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>Betty S. Hunter</i>	First <i>Betty</i>	Middle <i>S.</i>	Last <i>Hunter</i>
4. DATE OF DEATH Month <i>April</i>	Day <i>21</i>	Year <i>1958</i>	
S. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>6/4/20/58</i>
9. AGE (in years last birthday) YES <input type="checkbox"/>	10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS. Days <i>2</i>	12. IF UNDER 24 HRS. Hours <i>0</i>
10d. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Waitress</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Food</i>	11. BIRTHPLACE (State or foreign country) <i>Mississippi</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Elijah Hunter</i>	14. MOTHER'S MARRIED NAME <i>Eliza Jane W.D.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>754-5</i>	17. IMPFORMANT <i>Elijah Hunter</i>	Address <i>412 1/2 mo</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive heart</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Tired dead after a nose</i>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <i>No</i>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>M, from the causes and on the date stated above.</i>		
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <i>April 22, 1958</i>	20d. INJURY OCCURRED White Not white at work <input type="checkbox"/> off work <input type="checkbox"/> <i>White</i>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>At home</i>	20f. (City or town) (County) (State) <i>Baltimore, Md.</i>
21. I certify that I attended the deceased from _____, 19_____, to _____, 19_____, that I last saw the deceased alive on _____, 19_____, and that death occurred on _____, 19_____. M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) <i>100 Beach Ave, Calvert, Md.</i>			
ACTUAL SIGNATURE <i>H. W. Ward</i>	DATE SIGNED <i>4/24/58</i>		
PHYSICIAN'S NAME (Type) <i>Leroy E. Berry Huntington</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	22b. DATE THEREOF <i>April 22, 58</i>	22c. NAME OF CEMETERY OR CREMATORY <i>Mt. Hope Church</i>	22d. LOCATION (City, town, or county) <i>Sunderland, Md.</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>Leroy E. Berry Huntington</i>	ADDRESS <i>1000 328 X V8</i>	24a. REG'D BY REGISTRAR <i>APR 24 58</i>	24b. DATE <i>APR 24 58</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

APR 8 1950

FEDERAL BUREAU OF INVESTIGATION

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE

8573 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

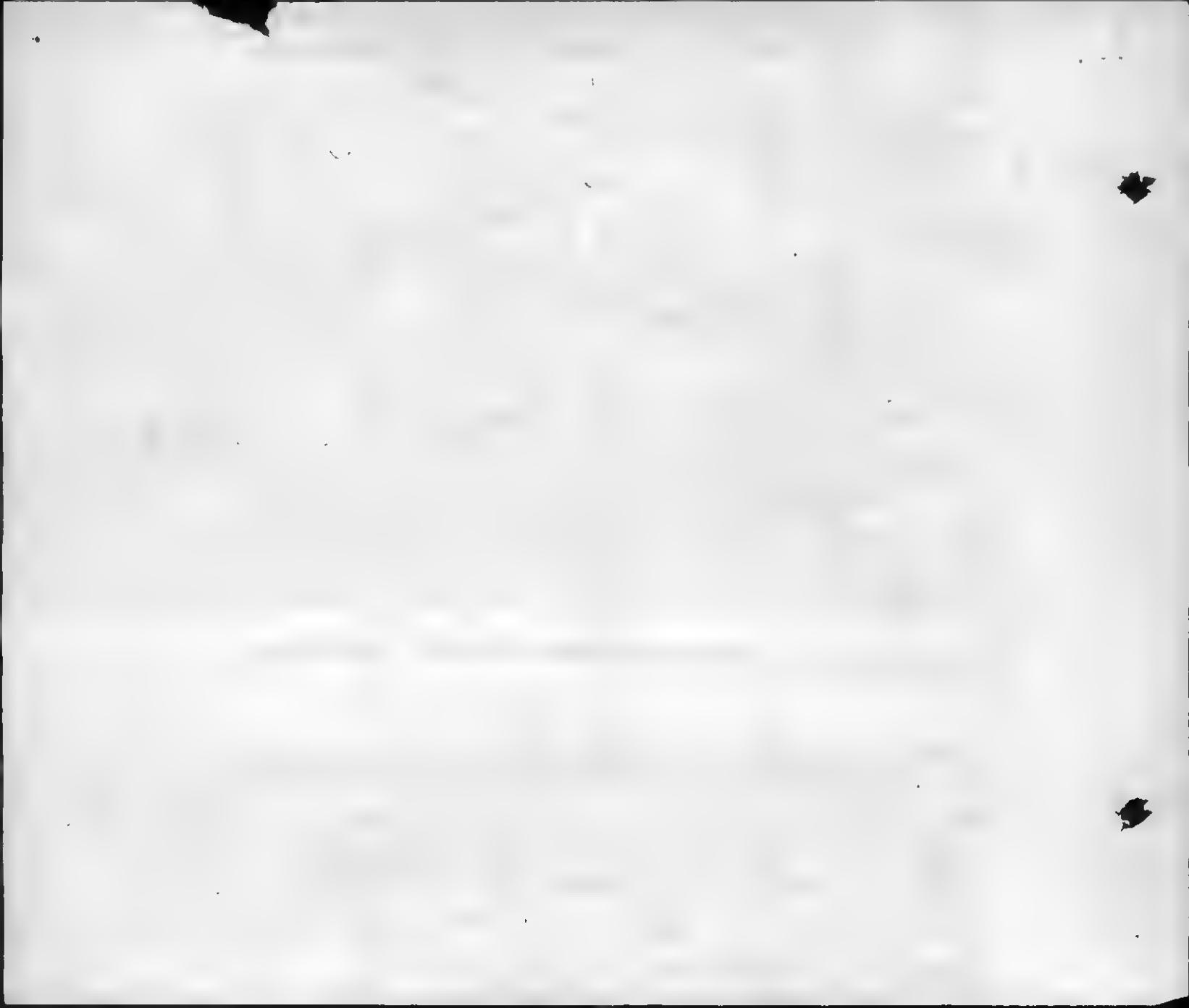
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Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)	
Calvert Maryland		b. STATE	
b. CITY OR TOWN (If outside corporate limits, write RURAL) Chestertown		c. LENGTH OF STAY IN 1b 1 week	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Chesapeake Bay Maryland		e. STREET ADDRESS Andrews AFB 188 610	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH 4 29 Year 1958	
5. SEX M		6. COLOR OR RACE W	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH 5/24/11	
WIDOWED <input type="checkbox"/>		DIVORCED <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Air Force Service		10b. KIND OF BUSINESS, OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) JACKSON, Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles W. Jones (Deceased)		14. MOTHER'S MAIDEN NAME Julia Knox	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? YES (Yes, no, or unknown) 24 YEARS		16. SOCIAL SECURITY NO 426-78-5511	
17. INFORMANT USAF RECORDS HQAIRS USAF WASHINGTON D.C.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH immediate	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 360X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		Lyon Plane accident	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PRIMARY MEDICAL CONDITION GIVEN IN PART I (b)		—	
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Aircraft accident in Chesapeake Bay	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 6:16 p. m. JAN 25 1958		20d. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) CHESAPEAKE BEACH		20f. (City or town) (County) (State) CALVERT MD.	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE H. W. Ward		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type)		DATE SIGNED 4/29/58	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF May 2, 1958	
22c. NAME OF CEMETERY OR CREMATORIUM Arlington Natl. Cemetery		22d. LOCATION (City, town, or county) Arlington, Va. (State)	
23. FUNERAL DIRECTOR'S SIGNATURE (Info. from Andrews Air Force Base.)		ADDRESS	
		24a. REC'D BY REGISTRAR JUL 8 '58	
		24b. REGISTRAR'S SIGNATURE John L. Smith	

NOTIFY MEDICAL DIRECTOR: This certificate should be executed within 24 hours after death. If any delay is necessary, please excuse the certifying physician by writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Pages 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fill Pages 1 and 2 with the registrar prior to burial, cremation or removal.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04388

4397 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Calvert		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN 1b 8 Mo.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital		d. STREET ADDRESS 1167 Sargent Street		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) Rose Mae King		First	Middle	Lost	4. DATE OF DEATH King	Month April	Day 6	Year 1958
S. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 9/20/32	9. AGE (In years lost birthday) 25 yrs	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Emmett C. Hutchins		14. MOTHER'S MAIDEN NAME Mildred E. Buckler						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 219-30-5874		17. INFORMANT Mrs. Mildred Hutchins, Bowens, Maryland		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of the Uterus						INTERVAL BETWEEN ONSET AND DEATH		
1/14 X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)								
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Huntingtown, Maryland		(County) Huntingtown		(State) Maryland
21. I certify that I attended the deceased from 1/30 , 1958, to April 6 , 1958, that I last saw the deceased alive on April 6 , 1958, and that death occurred at 7:30 AM , from the causes and on the date stated above. ACTUAL SIGNATURE G. J. Weems				ADDRESS (Street, city or town, state) Huntingtown, Maryland		DATE SIGNED 4/6/58		
PHYSICIAN'S NAME (Type) George J. Weems, M.D.		22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF APR 8, 1958		22c. NAME OF CEMETERY OR CREMATORIAL CENTRAL CEMETERY		22d. LOCATION (City, town, or county) BARSTOW
23. FUNERAL DIRECTOR'S SIGNATURE A. A. HARKNESS & SON - MUTUAL, MO.		ADDRESS		24a. REC'D BY REGISTRAR DATE APR 10 '58		24b. REGISTRAR'S SIGNATURE Albert Schaefer		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS AHS (4)
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APR 1 1970

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4398

CERTIFICATE OF DEATH

04389

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>CALVERT</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>M</i>		b. COUNTY <i>CALVERT</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Solomons</i>		c. LENGTH OF STAY IN 1b <i>17 yrs</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Solomons</i>				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS <i>1 A. ST.</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <i>Agnes</i>		First	Middle	Last	4. DATE OF DEATH <i>MICHAELS</i>	Month <i>APR.</i>	Day <i>12</i>	Year <i>1958</i>
5. SEX <i>FEMALE</i>		6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>AUG 29, 1906</i>		9. AGE (In years last birthday) yrs. <i>57</i>	10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS Days <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <i>Religious - Divine Providence Sister</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>5 step</i>		11. BIRTHPLACE (State or foreign country) <i>CHARLESTON, W. VA</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>WALTER MICHAELS</i>		14. MOTHER'S MAIDEN NAME <i>BENTRICE MORRIS</i>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>- - -</i>		17. INFORMANT <i>Convent Records</i>		Address <i>Solomons, MD</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>#16X</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b) DUE TO (c) <i>Coronary thrombosis (Sudden death -) Remote cardiac (?)</i>								
INTERVAL BETWEEN ONSET AND DEATH								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF OTHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)						
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>19</i> p. m.		20d. INJURY OCCURRED While Not while of work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>5th Ward, W. Va</i>		20f. (City or town) <i>W. Va</i>	(County) <i>W. Va</i>	(State) <i>W. Va</i>
21. I certify that I attended the deceased from <i>April 12, 1958</i> to <i>April 12, 1958</i> , that I last saw the deceased alive on <i>April 12, 1958</i> , and that death occurred at <i>5th Ward, W. Va</i> , from the causes and on the date stated above.								
ADDRESS (Street, city or town, state) <i>5th Ward, W. Va</i>								
DATE SIGNED <i>4/12/58</i>								
ACTUAL <i>R. E. Williams</i>								
PHYSICIAN'S NAME (Type) <i>R. E. Williams</i>								
22a. BURIAL CREMATION, REMOVAL (Specify) <i>BURIAL</i>		22b. DATE THEREOF <i>APR. 14, 1958</i>		22c. NAME OF CEMETERY OR CREMATORIUM		22d. LOCATION (City, town or county) <i>Newport, Kentucky</i>		
23. FUNERAL DIRECTOR'S SIGNATURE <i>W. W. Talton</i>		ADDRESS <i>3603 14th & N NW</i>		24a. REC'D BY REGISTRAR <i>REC'D APR 14 1958</i>		24b. REGISTRAR'S SIGNATURE <i>W. W. Talton</i>		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

SYLVIA V. S.

APR 1

LIBRARY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4399 CERTIFICATE OF DEATH

04390

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use in the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, removal, or removal, and in event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Calvert		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick, Md.		c. LENGTH OF STAY IN 1b RURAL and give nearest town Huntingtown		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)	First K. Lloyd	Middle Matthew	Last Smith	
4. DATE OF DEATH	Month April	Day 4	Year 1958	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 7, 1902	
9. AGE (In years last birthday) 56 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	12. Hours 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm - Owner	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William F. Smith	14. MOTHER'S MAIDEN NAME Laura Perry			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO 217-36-7377	17. INFORMANT Mrs. Lloyd Smith, Huntingtown, Maryland	Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH	
DUE TO 440.0				
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 2/20/58 to 4/4/58 , that I last saw the deceased alive on 4/4/58 , and that death occurred at 2:30 A.M. from the causes and on the date stated above. ACTUAL SIGNATURE G. J. Weems ADDRESS (Street, city or town, state) Huntingtown DATE SIGNED 4/4/58				
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Apr. 7, 1958	22c. NAME OF CEMETERY OR CREMATORIUM Mt. Carmel Cemetery	22d. LOCATION (City, town, or county) (State) Upper Marlboro, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE H. Hutchins		ADDRESS Chesapeake Md	24a. REC'D BY REGISTRAR DATE APR 8 '58	24b. REGISTRAR'S SIGNATURE D. Deaseach

COLLADO V. S

1958

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician or hospital, it should be detached for use as a burial permit.

VS A15C 4-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Form 10 Film 229 5-15-57 2m6

04174

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY <i>Baltimore</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Md</i> COUNTY <i>Fri</i>	
CITY (If outside corporate limits, write RURAL OR TOWN)		LENGTH OF STAY (in this place) <i>Friendship</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Chestnut Ctr.</i>		STREET ADDRESS <i>Friendship</i>	
3. NAME OF DECEASED (First) <i>Eddie</i> (Middle) <i>Stark</i> (Last)		4. DATE (Month) (Day) (Year) OF DEATH <i>4 22 58</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>W</i>	8. DATE OF BIRTH <i>4/3/96</i>
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Waiter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Friendship</i>	9. AGE last birthday 62 yrs.
11. BIRTHPLACE (State or foreign country) <i>Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>Friendship</i>	
13. FATHER'S NAME <i>West Taylor</i>		14. MOTHER'S MARRIED NAME <i>Eunice Coates</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i> (If Yes, give war or dates of service) <i>None</i>		16. SOCIAL SECURITY NO. <i>920-30-0557</i>	
17. INFORMANT & ADDRESS <i>Eddie Stark Friendship</i>		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <i>4/10/58</i>	
CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary hemorrhage</i> DUE TO <i>465 X</i> Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. <i>Pulmonary infarcts</i> (b) <i>None</i> DUE TO <i>None</i> (c) <i>None</i> TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Chestnut Ctr. Chestnut Ctr. Chestnut Ctr.</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <i>None</i>		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <i>Friendship</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21c. WHERE DID INJURY OCCUR? (City or town) <i>Friendship</i> (County) <i>Friendship</i> (State) <i>Md</i>	
21e. M.		21f. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21i. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>4/11/58</i> to <i>4/22/58</i> , that I last saw the deceased alive on <i>4/22/58</i> , and that death occurred at <i>9:30 AM</i> , from the causes and on the date stated above. SIGNATURE <i>H.W. Ward</i> ADDRESS (Street, city, town, state) <i>Friendship</i> DATE SIGNED <i>4/22/58</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Carter's</i>		DATE THEREOF <i>4-25-58</i> NAME OF CEMETERY OR CREMATORIAL <i>Friendship</i> LOCATION (City, town, or county) <i>Md</i> (State)	
24. REC'D BY REGISTRAR DATE <i>APR 23 1958</i>		REGISTRAR'S SIGNATURE <i>John Smith</i> 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>P.T. Sewell Jr. Fred. Md</i>	

BUREAU V. A.

APR 20 1969

PREGELIVEO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4401 CERTIFICATE OF DEATH

Reg. Dist. No.

04391

1. PLACE OF DEATH a. COUNTY Calvert		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Calvert	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN lb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Huntingtown			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First Cornelius	Middle S.	Last Trott	4. DATE OF DEATH April	Month 12	Day Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/29/1864		9. AGE (In years last birthday) 93 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months 6 Days 13 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Samuel Trott		14. MOTHER'S MAIDEN NAME Barbara Gibson					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 720		17. INFORMANT Jackson Trott		Address Huntingtown, Md.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertension. C.V.D disease</u> 4442X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) <u>Arteriosclerosis</u> DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m.	Month 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Huntingtown	(County)	(State)	
21. I certify that I attended the deceased from <u>I now</u> 1957 to <u>April</u> 1958, that I last saw the deceased alive on <u>April</u> 1958, and that death occurred at <u>Huntingtown</u> from the causes and on the date stated above. ACTUAL SIGNATURE <u>G. Weems</u>				ADDRESS (Street, city or town, state) Huntingtown, Md.		DATE SIGNED 4/12/58	
PHYSICIAN'S NAME (Type) Dr. George J. Weems				Huntingtown, Md.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Apr. 14, 1958	22c. NAME OF CEMETERY OR CREMATORIUM Miranda Cemetery	22d. LOCATION (City, town, or county) Huntingtown - Calvert - Md.			(State)	
23. FUNERAL DIRECTOR'S SIGNATURE G.O. Harkness & Son - Mutual, Md.	ADDRESS	24. REC'D BY REGISTRAR APR 15 '58	24b. REGISTRAR'S SIGNATURE Alt. search				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retained by hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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DEPT. OF EDUCATION

APRIL

BUREAU V. S.

APR 15 1928

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04392

4402 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Md.</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Drum Point</i>		c. LENGTH OF STAY IN 1b <i>5 years</i>	
d. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b <i>Drum Point</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Norman Ecker Ward</i>		First <i>Norman</i>	Middle <i>Ecker</i>
4. DATE OF DEATH <i>Apr. 27</i>	Month <i>Apr.</i>	Day <i>27</i>	Year <i>1958</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 27 1892</i>
9. AGE (In years last birthday) <i>65 yrs.</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>	11. KIND OF BUSINESS OR INDUSTRY <i>Veterans Adm.</i>	12. BIRTHPLACE (State or foreign country) <i>Denver, Colorado U.S.A.</i>
13. FATHER'S NAME <i>Francis John Ward</i>	14. MOTHER'S MAIDEN NAME <i>Lida Billings</i>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>yes</i>	
16. SOCIAL SECURITY NO. <i>W.W.I</i>	17. INFORMANT <i>No</i>	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>420.1</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <i>Coronary Occlusion</i> (b) DUE TO <i>Coronary Artery Disease</i> (c)	
			INTERVAL BETWEEN ONSET AND DEATH <i>5 min.</i>
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>19</i> p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <i>March 24, 1957</i> , to <i>April 27, 1958</i> , that I last saw the deceased alive on <i>April 19, 1958</i> , and that death occurred at <i>M.</i> from the causes and on the date stated above. ACTUAL SIGNATURE <i>Pager Jett</i> PHYSICIAN'S NAME (Type) <i>PAGE C. JETT M.D.</i> ADDRESS (Street, city or town, state) <i>Bureau Frederick 4/27/58</i> DATE SIGNED			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial Removal 4/27/58</i>	22b. DATE THEREOF <i>4/27/58</i>	22c. NAME OF CEMETERY OR CREMATORIAL <i>Arlington National Cemetery Washington, D.C.</i>	22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE <i>O.G. Harkness & Son - Mutual, Inc.</i>	ADDRESS <i>o.g. harkness & son - mutual, inc.</i>	24a. REGD. BY REGISTRAR DATE <i>APR 29 '58</i>	24b. REGISTRAR'S SIGNATURE <i>Alt couch</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU N.Y.

APR 29 1958

RECEIVED